

Attorney's Docket No. \_\_\_\_\_

PATENT

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**COMBINED DECLARATION AND POWER OF ATTORNEY  
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,  
CONTINUATION OR C-I-P)**

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As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is of the following type:

*(check one applicable item below)*

- ☒ original.  
☐ design.  
☐ supplemental.

**NOTE:** If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application, do not check next item; check appropriate one of last three items.  
☐ national stage of PCT.

**NOTE:** If one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR C-I-P.  
☐ divisional.  
☐ continuation.  
☐ continuation-in-part (C-I-P).

**INVENTORSHIP IDENTIFICATION**

**WARNING:** If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION**

*Cell prioritising in a cellular radio system*

**(Declaration and Power of Attorney [1-1]-page 2 of 6)**

**PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION  
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)**

COUNTRY(OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119	
Finland	970855	28 February 1997	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO

**CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)  
(34 U.S.C. § 119(e))**

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER

FILING DATE

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**CLAIM FOR BENEFIT OF EARLIER US/PCT APPLICATION(S)  
UNDER 35 U.S.C. 120**

— The claim for the benefit of any such applications are set forth in the attached  
ADDED PAGES TO COMBINED DECLARATION AND POWER OF  
ATTORNEY FOR DIVISIONAL, CONTINUATION OR CONTINUATION-IN  
PART (C-I-P) APPLICATION.

**SIGNATURE(S)**

**NOTE:** Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.

**Full name of sole or first inventor:**

Given name: Matti  
Middle initial or name:  
Family (or last name): Jokimies

**Inventor's signature:**

**Date:**

**Country of Citizenship:**

**Residence:**

**Post Office Address:**

*Matti Puusti*  
16th of February, 1998  
Finland  
Pääskynkatu 7 B, FIN-24130 SALO, Finland  
Pääskynkatu 7 B, FIN-24130 SALO, Finland

**Full name of second joint inventor, if any:**

Given name:  
Middle initial or name:  
Family (or last name):

**Inventor's signature:**

**Date:**

**Country of Citizenship:**

**Residence:**

**Post Office Address:**

**Full name of third joint inventor, if any:**

Given name:  
Middle initial or name:  
Family (or last name):

**Inventor's signature:**

**Date:**

**Country of Citizenship:**

**Residence:**

**Post Office Address:**

**Full name of fourth joint inventor, if any:**

Given name:  
Middle initial or name:  
Family (or last name):

**Inventor's signature:**

**Date:**

**Country of Citizenship:**

**Residence:**

**Post Office Address:**



